



**2. What are your habits?**

- Smoking
- Alcohol
- Recreational Drugs
- Exercise

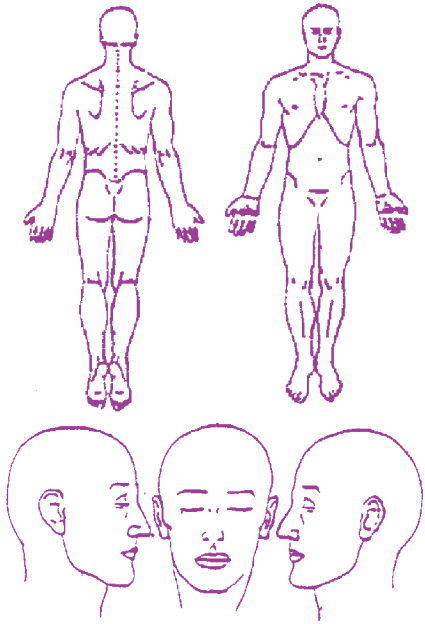
	Never	Occasionally	Moderately	Excessively
Smoking	(S)	(S)	(S)	(S)
Alcohol	(A)	(A)	(A)	(A)
Recreational Drugs	(R)	(R)	(R)	(R)
Exercise	(E)	(E)	(E)	(E)

**3. FAMILY HISTORY**

	Cancer	Diabetes	Heart Trouble	High Blood Pressure	Stroke	Multiple Sclerosis	Headaches	Neck Problems	Back Problems	Disc Problems	Joint Problems	Arthritis	Pinched Nerve	Osteoporosis	Bad Posture
Father	(F)	(F)	(F)	(F)	(F)	(F)	(F)	(F)	(F)	(F)	(F)	(F)	(F)	(F)	(F)
Mother	(M)	(M)	(M)	(M)	(M)	(M)	(M)	(M)	(M)	(M)	(M)	(M)	(M)	(M)	(M)
Brothers	(B)	(B)	(B)	(B)	(B)	(B)	(B)	(B)	(B)	(B)	(B)	(B)	(B)	(B)	(B)
Sisters	(S)	(S)	(S)	(S)	(S)	(S)	(S)	(S)	(S)	(S)	(S)	(S)	(S)	(S)	(S)
Children	(C)	(C)	(C)	(C)	(C)	(C)	(C)	(C)	(C)	(C)	(C)	(C)	(C)	(C)	(C)

**C. PAIN DIAGRAMMS**

Please mark the location of your pain on these figures



**D. MEDICAL HISTORY**

**1. HEALTH CARE**

- |   | Yes | No  |
|---|-----|-----|
| a. Have you been to a chiropractor .....  | (Y) | (N) |
| b. Do you have a family physician .....   | (Y) | (N) |
| c. WOMEN:   |     |     |
| To the best of your knowledge are you pregnant  | (Y) | (N) |
| Are you under the regular care of an OB-GYN . . .   | (Y) | (N) |
| d. Have you been hospitalized in the past five years  | (Y) | (N) |
| e. Are you currently taking any medication .....  | (Y) | (N) |
| <input type="checkbox"/> Anti-inflammatory (Aspirin, Motrin, etc.)<br><input type="checkbox"/> Muscle Relaxants <input type="checkbox"/> Pain Medication/Analgesic<br><input type="checkbox"/> Tranquilizers <input type="checkbox"/> Birth Control Pills<br><input type="checkbox"/> Other _____ |     |     |

**2. Which of the following illnesses have you had?**

- No Previous Conditions/Illnesses
- Arthritis
- Asthma
- Sinus Trouble
- Hay Fever
- Allergies
- Tuberculosis
- Diabetes
- Epilepsy
- Thyroid Trouble
- High Blood Pressure
- Low Blood Pressure
- Heart Trouble
- HIV/ARC
- AIDS
- Sexually Transmitted Disease
- Ulcer
- Cancer
- Polio
- Rheumatic Fever
- Serious Injury
- Bone Fracture
- Dislocated Joints
- Spinal Disc Disease
- Multiple Sclerosis
- Scoliosis
- Mental/Emotional Difficulty
- Prostate Trouble
- Kidney Trouble
- Other \_\_\_\_\_

**E. INSURANCE INFORMATION**

- |  | Yes | No  |
|--|-----|-----|
| 1. Is your condition due to an automobile accident ..... | (Y) | (N) |
| Date of Accident _____                                   |     |     |
| Have You filed an accident report .....                  | (Y) | (N) |
| 2. Is your condition due to a job injury .....           | (Y) | (N) |
| Date of Injury _____                                     |     |     |
| Have You filed an injury report .....                    | (Y) | (N) |
| 3. Do you have health insurance .....                    | (Y) | (N) |
| Company _____  |     |     |
| Policy # _____   |     |     |
| 4. Are you covered by Medicare .....                     | (Y) | (N) |
| Medicare # _____   |     |     |

I understand and agree that health and accident policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that this Office will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to this Office will be credited to my account upon receipt. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered me will be immediately due and payable.

**F. PAYMENT**

- I WILL BE PAYING TODAY BY:**
- Cash     Check     Credit Card
- MasterCard                       Visa                       American Express
- Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**All accounts not paid within 90 days will automatically be put through on your credit card.**

Patient's Signature	Date
Guardian or Spouse's Signature	Date
Doctor's Signature	Date

NO MARKS HERE NO MARKS HERE NO MARKS HERE